



# DISABILITY NOTES

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## FROM THE ASSOCIATE COMMISSIONER:

With the end of fiscal year (FY) 1999 SSA issued the "Social Security Accountability Report." It provides an overview of our accomplishments over the past year and recognizes areas where we need to improve. It is a comprehensive report and is available through our home page at [www.ssa.gov](http://www.ssa.gov).

One of Social Security's recent accomplishments is the *Social Security Statement*. It provides important information about your future benefits, including disability benefits. In October, we began mailing these statements to over 125 million persons age 25 and older who are not already receiving Social Security benefits. If you are in this group you can expect to get the statement 3 months before your birthday. I hope you take the time to read it. Information on your coverage for disability and your estimated benefits is important for you to build a foundation for financial security.

In FY 1999, three million claims were completed. Disability Determination Services (DDS), field offices and hearing offices were all involved in many of these claims. Nearly fifty per cent of disability insurance claims were processed within 6 months after disability onset or within 60 days of filing. While this is an accomplishment, we want and need to do better. To that end, in the past year we have been preparing to implement the Prototype Process.

I am very excited that on October 1, 1999, we began the Prototype Process in ten states, under regulations currently in place. Individuals who

filed a disability claim in these states on or after the above date are having their claims processed under the Prototype Process. The 10 Prototype states are New Hampshire, New York (Brooklyn and Albany Branches), Pennsylvania, Alabama, Michigan, Louisiana, Missouri, Colorado, California (LA West and LA North Branches), and Alaska.

The Prototype Process places a great deal of emphasis on the initial application and initial decision. The process stresses complete documentation and explanations of the initial decision. A claimant conference is built in to ensure that all available evidence is considered. We have placed a rigorous initial process in place centered on thoroughness. The reconsideration step is eliminated and individuals that wish to pursue their claim can go to the hearing level.

We are still in the transition phase, and, to date, relatively few prototype claims have been processed to completion. As our experience builds with the Prototype Process we will be assessing its impact on all aspects of the disability program and addressing how best to nationally transition the Prototype Process.

Ken Nibali

## **UPDATE ON SSA'S REVISIONS TO THE LISTING OF IMPAIRMENTS**

When a person applies for disability, SSA may use the "Listing of Impairments" (the Listings) to find him or her disabled. The Listings are but one step in a multi-step evaluation process we use to determine whether a person is disabled. The Listings describe medical conditions with particular medical findings that we consider severe enough to show disability. When people have impairments that "meet" listings, we usually find them disabled. There are two parts in the Listings: Part A is used for the assessment of adults and sometimes for children, and Part B is used to assess children only.

People don't have to have the conditions that are in our listings or impairments that "meet" our listings for us to find them disabled. We find many people to be disabled when they have conditions that are equally as severe as the conditions in our listings. We also find many people disabled by considering their medical conditions, their functional limitations, and their age, education and work experience.

We reported in the previous issue of Disability Notes that we had proposed to delete a listing we had for obesity. We decided to adopt the proposed rules with some modification in response to public comments we received on the proposed rules. We published the final rules on August 24, 1999, but they did not go into effect until October 25, 1999. We state in the final rules that we still consider obesity to be a medically determinable impairment and that it may cause disturbance in other body systems, e.g., musculoskeletal, respiratory, and cardiovascular. Therefore, we reminded all adjudicators to evaluate the effects of obesity on other body systems. We are also going to issue a Social Security Ruling that will explain in more detail how we expect our adjudicators to evaluate obesity. To see the final rules on the Internet, you may go to this web site: [www.ssa.gov/regulations/rin0960\\_ae65f.htm](http://www.ssa.gov/regulations/rin0960_ae65f.htm).

Now we are requesting comments on a proposal to add a new listing for Down syndrome for adults. (We already have a listing for Down syndrome for children.) To find out more about the proposed addition, you can visit SSA Online at [www.ssa.gov](http://www.ssa.gov). The article called "Additional

Medical Criteria for Evaluating Down Syndrome in Adults" explains the proposed addition and has a hypertext link to the Federal Register announcement

The above revisions are two examples of SSA's ongoing effort to update the Listings. SSA wants to be sure that the Listings are current with medical advances, rehabilitation, and program experience. SSA's Office of Disability (OD) will continue its work to keep the Listings reflective of advances that impact disability evaluation.

## **EVALUATING CHILDHOOD COMMUNICATION DISORDERS: THE SPEECH-LANGUAGE PATHOLOGIST AND SSA**

As part of the childhood disability determination process, various medical and allied health professionals provide consultative examinations and serve as case reviewers. Speech-language pathologists (SLPs) are among this group. Why?

Many children who file for disability benefits under title XVI exhibit speech or language impairments. Title XVI allowances involving such impairments in FY 1998 alone totaled at least 13,860. OD has directed the DDSs in each state to include speech-language experts as case reviewers and consultative examination (CE) providers when communication impairments are suspected. SLPs are the professionals who evaluate and treat disorders of speech and language. They are an integral part of the assessment team in many settings, including the health care and educational arenas. Physicians, educators, and others solicit their expertise in determining overall status and functional prognosis for individuals requiring medical attention or special education services.

The evaluation of speech or language impairments and their effects requires a broad base of knowledge. This base includes, but is not limited to:

- (1) knowledge of the various components of speech and language;
- (2) knowledge of speech and language developmental processes and the interaction of those processes with environmental factors;

- (3) knowledge of second language acquisition in the case of bilingual children suspected of speech-language impairments; and
- (4) the functional implications of documented impairments.

All licensed health care professionals have national governing bodies. For SLPs, this body is known as the American Speech-Language-Hearing Association (ASHA). SLPs work with both children and adults in a variety of settings and may be either general practitioners or specialists, similar to physicians. The SLP's work environment may include acute care, inpatient/outpatient rehabilitation, skilled nursing, home health, academia/research, school systems/learning centers, corporate/industrial settings, or private practice.

SSA plans to work with ASHA to recruit more SLPs as CE providers and as case reviewers. As a CE provider, the SLP conducts a thorough evaluation of the claimant's speech-language abilities, and provides a comprehensive report of his/her findings to the DDS. The DDS considers this and other evidence in determining whether the claimant is disabled. (To be found disabling, a speech-language impairment must, alone or in combination with other impairments, be severe enough to meet or equal the criteria for an impairment in SSA's Listing of Impairments.)

As a reviewer of children's claims in the DDS, the SLP evaluates evidence to ascertain whether a speech-language impairment exists, and if so, its level of severity. In childhood claims, the evidence reviewed will include not only the formal speech-language evaluation report, but evidence from teachers, physicians, parents, etc. The CE provider and case reviewer roles are important, since the evidence obtained and decisions reached have a significant and far-reaching effect on the lives of the claimants and their families.

If you are an experienced SLP, we encourage you to consider working with us as either a case reviewer or CE provider. If you know of an experienced SLP who might be interested in working with us, please share this article and the contact information that follows.

For general information, contact Dr. Marquita Rand, CCC-SLP, at (410) 966-1187. For more

specific information, contact your state's Professional Relations Officer who can be located via the internet at: [www.ssa.gov/odhome/odprb](http://www.ssa.gov/odhome/odprb). Under "Links to Professional Relations Information," click on "Professional Relations Officers (PROs) in Your State." Your PRO can help you with questions about the SSA disability program, as well as about employment opportunities with the DDS in your state.

## **A DIALOGUE WITH THE BRACHIAL PLEXUS NETWORK**

On October 21, 1999, a meeting was held in Washington, DC with United Brachial Plexus Network (UBPN) for the purpose of sharing information and discussing issues that had been raised by UBPN. We welcomed the opportunity to meet with this organization. UBPN and SSA representatives discussed the complexity of brachial plexus injury. Valuable discussions and information was shared. SSA was represented by Susan Daniels, Deputy Commissioner, Office of Disability and Income Support; Kenneth Nibali, Associate Commissioner, OD; and medical officers and staff from OD's Division of Medical and Vocational Policy.

Brachial plexus injuries in children are generally seen as a result of difficult deliveries, and can be due to simple stretching, hemorrhage within a nerve, tearing of the nerve or root, or avulsion of the roots with associated cervical cord injury. While the vast majority of these injuries improve with minimal treatment, if a significant deficit persists for more than 3 months, surgical exploration and repair should be considered. Where injury is severe, multiple surgical corrections may be needed, and some residual defects may remain for an ongoing period of time.

The UBPN emphasized the need for SSA to obtain thorough medical documentation in cases of severe injury, particularly since many of these children obtain surgical and physical/occupational therapy outside of their home state. The Texas Children's Hospital is recognized nationally as a leading center for treatment of brachial plexus injuries and severely injured children are often referred there for surgery.

The UBPN was concerned about the number of children who had been denied title XVI Supplemental Security Income payments even though they were viewed as being severely affected by a brachial plexus injury of some form. Members of the SSA panel explained the legal standard for childhood disability and provided some historical background concerning its development and revision. Dr. Paul Burgan, Chief Medical Officer, explained the medical listings that could potentially be used in cases of severe brachial plexus, and discussed the duration requirement and the degree of severity that would need to be present for a child to meet, equal, or functionally equal a listing.

The SSA panel also stressed the need that medical evidence be specific in describing the functional deficits present in children with severe brachial plexus injuries.

SSA agreed to continue to work with the UBPN to identify ways in which adjudicators could learn more about brachial plexus injuries and their potential long-term complications and to alert them to the types of medical documentation that should be obtained in cases involving these injuries.

## **THE AFFECTIVE DISORDER PROJECT**

At the White House Conference on Mental Health, SSA announced plans to conduct a five-year demonstration project on mood disorders. Participation in the project titled the "Affective Disorder Demonstration Project" will be limited to about 1000 beneficiaries nationwide. The project is scheduled to begin in several sites nationwide by fall 2000.

Currently we are working on the complex task of the project's design. The Lewin Group was awarded the contract for the design of a protocol and is currently soliciting input from members of an advisory panel. Members of the panel--mental health practitioners, disability policy experts, academic researchers, and disability advocates--represent diverse perspectives on mental health services delivery and policy. Panel members have reviewed and commented on an initial version of the protocol outline. The protocol for the study should be completed in mid-year 2000.

## **UPDATE ON THE REDETERMINATIONS OF CHILDREN**

The Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA) made a number of significant changes to the Supplemental Security Income (SSI) program for disabled children. Chiefly the PRWORA established a new, stricter definition of disability for children and required SSA to redetermine the eligibility of certain children already receiving SSI using the new standard.

Approximately 288,000 children were potentially subject to the redetermination. To date, 170,081 children reviewed under the stricter definition of disability continue to receive benefits. As of July 31, 1999, 103,980 children reviewed found that they were ineligible for SSI because they did not meet the new definition. However, there are still a number of redeterminations pending at various appeal levels. SSA expects the number of ineligible children to continue to decline as appeals are decided.

## **RETURN TO WORK LEGISLATION**

In mid-November, the House and Senate passed the "**Ticket to Work and Work Incentives Improvement Act of 1999**" with an overwhelming display of bipartisan support. President Clinton signed the legislation Dec. 17th. A forthcoming special edition of Disability Notes will cover the legislation in greater detail. For now we are supplying this brief overview.

The strategy of the legislation is to increase the number of beneficiaries with disabilities who return to work despite their impairment. It reduces their concern regarding the loss of health care coverage and income during their work attempts. This legislation affords individuals with disabilities increased opportunities to obtain the services and supports needed to secure meaningful employment and to keep their health care coverage while working.

Key provisions include:

- extending Medicare (Part A) premium-free coverage;
- enhancing Medicaid through innovations;
- establishing a Ticket to Work and Self-Sufficiency Program;
- modifying the use of continuing disability reviews;
- providing for an expedited reinstatement of disability benefits;
- improving communication and understanding of work incentives; and
- conducting demonstration projects involving work activity.

## INDIVIDUAL DEVELOPMENT ACCOUNTS AND SUPPLEMENTAL SECURITY INCOME (SSI)

The Community Opportunities, Accountability, and Training and Educational Services Act of 1998 established the innovative Individual Development Account (IDA) demonstration program. The goal of this program is to empower low-income individuals and families by helping them accumulate assets for their futures. The IDA demonstration program provides these incentives through Federal matching funds.

An IDA is a special bank account that helps you save for your education or the purchase of a first home or to start a business. You use earnings from your work to set up an approved bank account for an IDA.

Your money grows because your IDA contributions are matched with money from your state's Temporary Assistance for Needy Families (TANF) program or from special funds called "demonstration project" money. The matching money may help you reach your goal sooner.

There are two types of IDAs:

- If you are working and receiving TANF payments, you may be eligible for a **TANF IDA**.

- If you are working and **either** receiving TANF **or** have low income and assets, you may be eligible for a **demonstration project IDA**.

Under a **TANF IDA** your SSI benefit will not go down--it might even go up! This is because Social Security will not count any earnings that you put into your IDA as your income.

Under a **demonstration project IDA**, if you are saving for your education or to start a business, you may be eligible for a Plan for Achieving Self-Support (PASS). A PASS is used to set aside money to pay for expenses needed to reach your work goal if you are blind or have a disability. With a PASS, the earnings you put in your IDA (and any interest they earn) will not count as your income and resources when we figure your SSI.

To find out more about an IDA or PASS, contact any Social Security office, or call our toll-free number, 1-800-772-1213. To find out more about a TANF IDA, contact your state TANF agency.

## BLIND SUBSTANTIAL GAINFUL ACTIVITY AMOUNT (SGA)

The monthly SGA amount for statutorily blind individuals for 2000 is \$1,170 up from the 1999 amount of \$1,110. Unlike the non-blind SGA, the blind SGA increases in accordance with increases in the national average wage index. Here is how this amount for 2000 was determined:

To be the larger of:

- such SGA amount for 1999, or
- such SGA amount for 1994 multiplied by the ratio of the national average wage index for 1998 to that for 1992.

If the amount so determined is not a multiple of \$10, it is rounded to the nearest multiple of \$10.

The ratio of the national average wage index for 1998 (\$28,861.44) to that for 1992 (\$22,935.42)

is 1.2583785. Multiplying the 1994 monthly SGA amount of \$930 by the ratio 1.2583785 produces the amount of \$1,170.29. This must then be rounded to \$1,170. Because \$1,170 is larger than the corresponding 1999 amount of \$1,110, the monthly SGA amount for statutorily blind beneficiaries is thus determined to be \$1,170 for 2000.

## **TREASURY OFFSET PROGRAM**

This program may effect a few former beneficiaries who have unsettled, outstanding overpayments and file a federal income tax return, expecting a federal income tax refund.

The program is an offset program that collects outstanding, unsettled SSA overpayments by withholding federal income tax refunds. It is a last resort used by SSA after all previous efforts to recover overpayments owed by former beneficiaries have failed.

Before any offset occurs, SSA sends a notice to the individual to inform him or her of SSA's intent to refer the debt to Treasury for offset. The notice also provides due process rights and gives the individual the opportunity to repay or set up an installment plan to avoid the offset. When a payment is offset, Treasury sends the individual a notice indicating that the offset took place and explaining where the payment was sent.

The key factors for selection and referral of these type of delinquent debts, after all the above efforts have been exhausted, include the following:

1. The debtor is at least 18 year old.
2. The debt is greater than \$25.
3. The debt has been delinquent for no more than 10 years.
4. The debtor is no longer receiving Social Security or SSI benefits.
5. The debtor is alive (according to SSA's records).

The Omnibus Budget Reconciliation Act of 1990 is the legislative authority for this offset. In Fiscal Year 1997 the Treasury Offset Program (TOP) began the process of integrating this program into an ongoing monthly operation.

TOP is a government-wide matching system that enables agencies to collect their delinquent debts from Federal payments (in addition to tax refunds) being issued by the Financial Management Service of the Department of the Treasury. In 1998 the TRO program was expanded to include SSI debtors.

## **REPRESENTATIVE PAYEE ACCOUNTABILITY**

Some Social Security beneficiaries are unable to manage their payments because they are minor children, or are adjudged legally incompetent, or determined incapable because they suffer from an incapacitating impairment. For these individuals SSA has the statutory authority to appoint a representative payee to receive and manage their benefit payments. The law also requires SSA to monitor representative payees' use of benefits.

The current representative payee monitoring process has been shaped to a large extent on the Jordan court decision. That decision, and subsequently the Social Security Act, requires universal annual accounting of all payees (except some state mental institutions that are subject to a different monitoring process).

Each year, representative payees receive a Representative Payee Report, 6230-OCR-SM (Parents/Grandparents with custody of more than one child), or SSA-623-OCR-SM to complete. The questions on the form are intended to monitor the use of benefits to ensure that the beneficiary's needs are being met and to determine if a change of payee is needed. The form should be completed and returned within 30 days.

Representative payees are responsible for timely reporting of changes in the beneficiary's circumstances that could affect eligibility or payment amount. These include a change in physical or legal custody, marriage, change of address, imprisonment, improvement in a disabled person's condition, a change in a SSI beneficiary's living arrangement or income, and when a SSI beneficiary's resources (including savings) exceed the \$2,000 limit.

Representative payees play an important role in ensuring that the benefits received are used for the beneficiary's personal care and well-being.

## **YOUTH TRANSITION PILOT TO BEGIN IN EARLY 2000**

Consistent with the President's Executive Order 13078 on employment of people with disabilities, the Office of Employment Support Programs (OESP) is fortifying efforts to engage working-age individuals with disabilities in gainful employment. In conjunction with this goal, OESP recognizes the need for proactive programs to support the employment of young people with disabilities who may have never worked, are unfamiliar with the work setting, and are new to the employment process.

In order to focus on the needs of young SSI recipients during and after secondary education, a two-state pilot will begin in Maryland and Florida. It will primarily involve youths ages 15 and 16 who have had a continuing disability review performed by a state DDS.

In this pilot youths will have an enhanced opportunity to gain information on skills assessments, career aspirations, educational goals, health care needs, reasonable accommodations, employment supports, and community and governmental transition services. The pilot will provide individual assessments, inform and motivate young people and their families about employment development opportunities, and provide linkages to services.

SSA has contracted with Maximus, Inc. to work with SSA and partner agencies to assist youth with disabilities in transitioning to work and to examine the impact of an early and more proactive approach for those adolescents transitioning to employment and post-secondary education. The Youth Continuing Disability Initiative will allow SSA to examine the feasibility of such an approach on a national basis.

For more information about this project, contact Cindy Barcelles at (410) 966-2668 or Christa Bucks at (410) 966-5147 in OESP.

## **BETTER SERVING INTERNET SITE**

The Office of Employment Support Programs (OESP) recently awarded a contract to Signal Corporation in conjunction with Price Waterhouse Coopers and Milvets to redesign its Internet site. OESP's goal is to develop an Internet site that is informative, user-friendly and attractive for its customers. To meet this goal, OESP needs your suggestions on what information should be on the redesigned web site. Please visit the OESP web site at [www.ssa.gov/work](http://www.ssa.gov/work) and send your comments to Joie Hill via email at [joie.hill@ssa.gov](mailto:joie.hill@ssa.gov).

## **UNITED NATIONS INTERNATIONAL DAY OF DISABLED PERSONS**

The celebration took place on December 1, 1999, at the World Bank in Washington D. C. Social Security representatives joined representatives from other United States agencies, other nations' representatives, international agencies and non-governmental agencies in recognizing the major strides made individuals with disabilities. The event provided an opportunity to discuss challenges and assess trends for individuals with disability on the threshold of the new millennium. Two major events of the celebration were the international town hall meeting on "Assistive Technology into the 21<sup>st</sup> Century" and the viewing and discussion of the award winning documentary, "ENABLE: People with Disabilities and Computers." This video is available free through the internet site: [www.e-able.com](http://www.e-able.com)

## **IN SEARCH OF...YOUR IDEAS AND MATERIALS**

This newsletter is your newsletter. We welcome your articles, letters to the editor, comments, artwork, or suggestions for improvement. Many of your past suggestions have been implemented. Please submit the ideas or materials to:

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## **EDITOR'S NOTE**

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